

Child's First Name:  
 Child's Surname:  
 D.O.B.:  
 Parents/Carers Name:  
 Address:  
 Home Tel:                      Emergency Tel:

Referring School:  
 Named Contact:  
 Designation:  
 Educational Psychologist:  
 Date last seen:  
 Special Medical Arrangements:  
 School Age Plus Worker:  
 Careers & Education worker  
 Free School Meals:    Yes / No

OTHER AGENCIES INVOLVED	CURRENT INV	PAST INV	CONTACT PERSON
Healthy Young Minds (CAMHS)			
Social Services			
Young Person's Families Team			
Youth Offending Team			
Area Health Authority			
Is the student accommodated by a Local Authority?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the student on the Child Protection Register?        YES <input type="checkbox"/> NO <input type="checkbox"/> Date Registered:			
Referred by:		Date:	
<b>~ ALL REFERRALS WILL BE ACKNOWLEDGED ~</b>			

Family composition:

**REASON FOR REFERRAL:**  
 Medical Health Status:  
 Mental Health Status:

OUTLINE OF ANY PREVIOUS DIFFICULTIES AND MANAGEMENT OF ILL HEALTH TO DATE: (i.e. evidence to support the student being on any level of Stockport's procedure for identification of Special Need. Evidence of Individual Education Plan, Individual Behaviour Plan or Pastoral Support Programme)

Outline of future plans for student:

Does the student have an Education Health Care Plan?      Yes          No   

Details of the student's interests/strengths:

To support this referral please attach, where appropriate, copies of:

- |   |                          |
|---|--------------------------|
| Attendance record                                       | <input type="checkbox"/> |
| Recent School Report                                    | <input type="checkbox"/> |
| Copy of most recent IEP and Review Report               | <input type="checkbox"/> |
| SEN staged assessment or EHCP                           | <input type="checkbox"/> |
| <b><u>Consultants letter of support (Essential)</u></b> | <input type="checkbox"/> |

Are the parent(s)/carer(s) aware of and in support of this referral?      Yes          No   

**Please return this form to: Pendlebury Centre PRU, Edgeley Road, Cheadle Heath, Stockport, SK3 0RJ**

**Tel: 0161 428 9305**

**Fax: 0161 495 7158**

**Child/Young Person's Ethnicity (please tick below)**

- |   |                                      |  |   |                                       |
|---|--------------------------------------|--|---|---------------------------------------|
| Caribbean <input type="checkbox"/>                  | Indian <input type="checkbox"/>      | White British <input type="checkbox"/> | White & Black Caribbean <input type="checkbox"/>    | Chinese <input type="checkbox"/>      |
| African <input type="checkbox"/>                    | Pakistani <input type="checkbox"/>   | White Irish <input type="checkbox"/>   | White & Black African <input type="checkbox"/>      | Any Other <input type="checkbox"/>    |
| Any Other <input type="checkbox"/>                  | Bangladeshi <input type="checkbox"/> | Any Other <input type="checkbox"/>     | White & Asian <input type="checkbox"/>              | Ethnic Group <input type="checkbox"/> |
| Black Background                                    |                                      | White Background                       |   | Not given                             |
| Any Other Asian Background <input type="checkbox"/> |                                      |  | Any Other Mixed Background <input type="checkbox"/> |                                       |

If other, please specify:

Young Persons First Language:

Parent(s) First Language:

Is an interpreter or signer required?    Yes        No   

Has this been arranged:                    Yes        No   

**For home teaching, a consultant must confirm that the child is likely to be absent from school for a period of not less than 3 weeks.**

**Home teaching is time limited and an anticipated exit date is required.**

**For referrals for students from HYMS, the consultant should be involved – if they close the case, then the exit plan from Home Tuition should be in place.**

**All referrals for CFS/ME must come from a consultant only.**

- Referrals can be made through hospital based teachers on official documentation supported by medical staff. These are often preceded by informal discussion
- Referrals can be made directly by a consultant
- Referrals can be made by Head Teachers using the referral forms provided by the Education of Sick Children Service. These are often preceded by informal discussion and require medical evidence to support the referral